

05/03/2004 10:12 9739848159

REG PATENT ATTORNEYS

PAGE 82

Please type a plus sign (+) beside this box →

PTO/SB/11 (02-01)

Approved for use through 10/31/2002. GINB 0851-0005

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1986, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	unassigned
Filing Date	
First Named Inventor	Matthew IAMMATTEO
Title	Premenstrual Dysphoric
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

 Practitioners at Customer Number

77,925

Place Customer
Number Bar Code
Label here
PATENT TRADEMARK OFFICE

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

 Firm's or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96.)

SIGNATURE of Applicant or Assignee of Record

Name: Matthew IAMMATTEO, M.D.

Signature: *Matthew Iammatteo*

Date: 5/16/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of _____ forms are submitted.

Button Warr-Retention: This form is estimated to take 2 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments or suggestions for reducing time or improving this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

05/03/2004 10:12 9739846159

REG PATENT ATTORNEYS

PAGE 03

PRO-50/81 (03-01)
Approved for use through 10/31/2002. OMB 0551-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.18 (e)) required)		Matthew IAMMATTEO
COMPLETE IF KNOWN		
Application Number		
Filing Date		
Group Art Unit		
Examiner Name		

As a below-named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if two or more names are listed below) of the subject matter which is claimed and for which a patent is sought on this invention entitled:

Premenstrual Dysphoric Disorder Medication

(Title of the Invention)

the specification of which:

is attached hereto

OR

was filed on (MM/DD/YYYY) [redacted] as United States Application Number or PCT International

Application Number [redacted] and was amended on (MM/DD/YYYY) [redacted] (If applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)-(d) or (f), or 305(b) of any foreign application(s) as listed, Inventor's or plant breeder's rights certificate(s), or 35(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, Inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments or suggestions concerning this burden statement should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

05/03/2004 10:12 9739846159

REG PATENT ATTORNEYS

PAGE 84

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. GOMS 0851-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label **22,925** OR Correspondence address below



Name **22925**
PATENT TRADEMARK OFFICE

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements, made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Matthew

IAMMATTEO

Given Name
(first and middle [if any])Family Name
or SurnameInventor's
SignatureDate **5/4/04**

Morristown

NJ

USA

USA

Residence: City

State

Country

Citizenship

111 Madison Avenue

Mailing Address

Morristown

NJ

07960

USA

City

State

ZIP

Country

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])Family Name
or SurnameInventor's
SignatureDate **5/4/04**

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

Additional inventors are being named on the **supplemental Additional Inventor(s) sheet(s)** PTO/SB/02A attached hereto.

[Page 2 of 2]

BEST AVAILABLE COPY